

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019572

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206

Primary Registration District No. 3048

Registrar's No. 60

FILED JUN 12 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FREDERICKTOWNLength of stay in lb
45 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION NO. 1 DeGuire APTS.,
ALLEN ST.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MADISON

c. CITY
OR TOWN FREDERICKTOWNInside Limits
Yes ☒ No ☐d. STREET
ADDRESS NO. 1 DeGuire APTS.
ALLEN ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

BERTIE

Middle

PEARL

Last

FETTER

4. DATE
OF DEATH

Month

JUNE

Day

6,

Year

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/22/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months

3

Day

14

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

Puxico, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LOUIE DUVALL

13b. MOTHER'S MAIDEN NAME

DELLA WAY

14. NAME OF HUSBAND OR WIFE

CLAUDE M. FETTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Claude M. FETTER, Address NO. 1 DeGuire APTS., ALLEN ST.,
FREDERICKTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMBOLISM

INTERVAL BETWEEN ONSET AND DEATH

2 DAYS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

THROMBOPHLEBITIS LOWER EXTREMITIES 7 MONTHS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CHR-CHOLECYSTITIS AND CHOLELITHIASIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-31-62 to 6-6-62 and last saw her alive on 6-5-62

Death occurred at 11:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

507 W. College Fredericktown, MO.

22c. DATE SIGNED

6-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-9-62

23c. NAME OF CEMETERY OR CREMATORY

MARCUS Memorial Park

23d. LOCATION (City, town, or county)

Madison County MO.

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, Jr., Fredericktown, MO.

25. DATE RECD. BY LOCAL REG.

6-8-1962

26. REGISTRAR'S SIGNATURE

Herence Vicka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles F. Heiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.